

Title: **MEPRS Hot Topics**

Session: **W-4-0900**



# Objectives

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- Provide an update of current issues impacting the MEPRS community
- Provide information about new policies, procedures, system updates, and portal tools available now and coming soon



# KUDOS

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## Navy Is #1!



# Overview

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- MEPRS Policy Updates
  - DoD 6010.13-M (MEPRS Manual)
- System Development / Maintenance Improvements
  - Expense Assignment System (EAS) IV System Change Request (SCR) Updates
  - Defense Medical Human Resource System Internet (DMHRSi) Labor Cost Assignment (LCA) Module Updates
- MEPRS Data Quality Surveillance, Analysis and Education
  - Surveillance
  - Analysis
  - Education



# MEPRS Policy & Business Rules Oversight

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- MEPRS Management Improvement Group (MMIG)
  - Established in 1999
  - Provides Functional Oversight
  - Tri-Service Integration, Standardization and Compliance—now includes JTF CAPMED representatives
  - Automated Information System Oversight
  - Coordinates Policy / Action with Resource Management Steering Committee (RMSC)
  - Meeting Minutes and Information on [www.meprs.info](http://www.meprs.info)

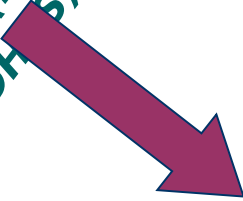


# MEPRS Policy & Business Rules Oversight

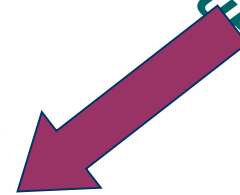
HA / TMA Directorates



TMA Program  
Offices (DHIMS /  
DHIS)



Chartered  
Workgroups (UBU /  
UBO)



Service MEPRS POCs

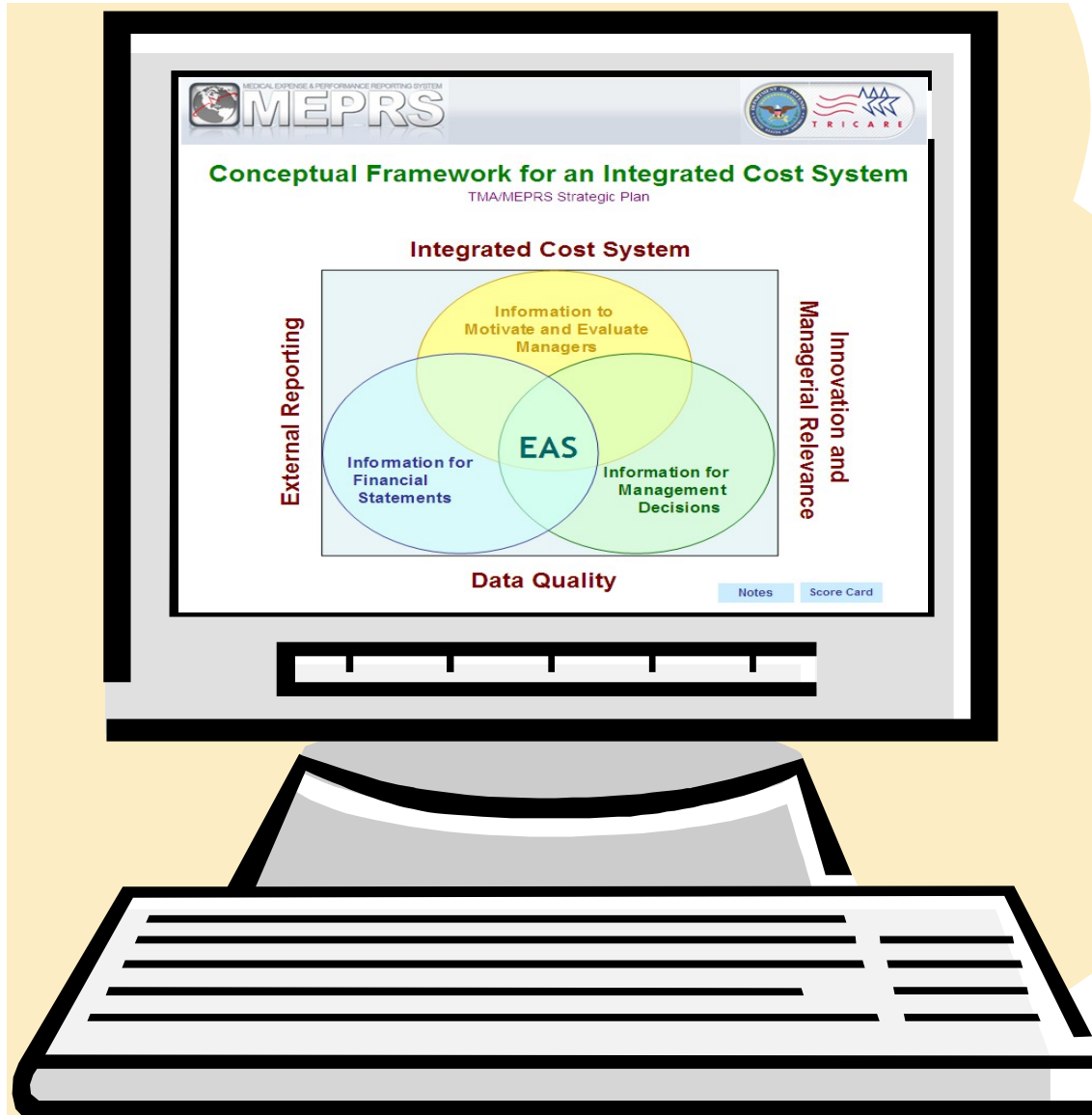


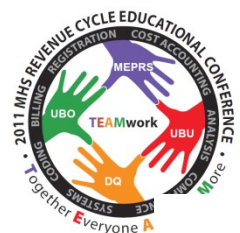


# MEPRS Strategic Goals

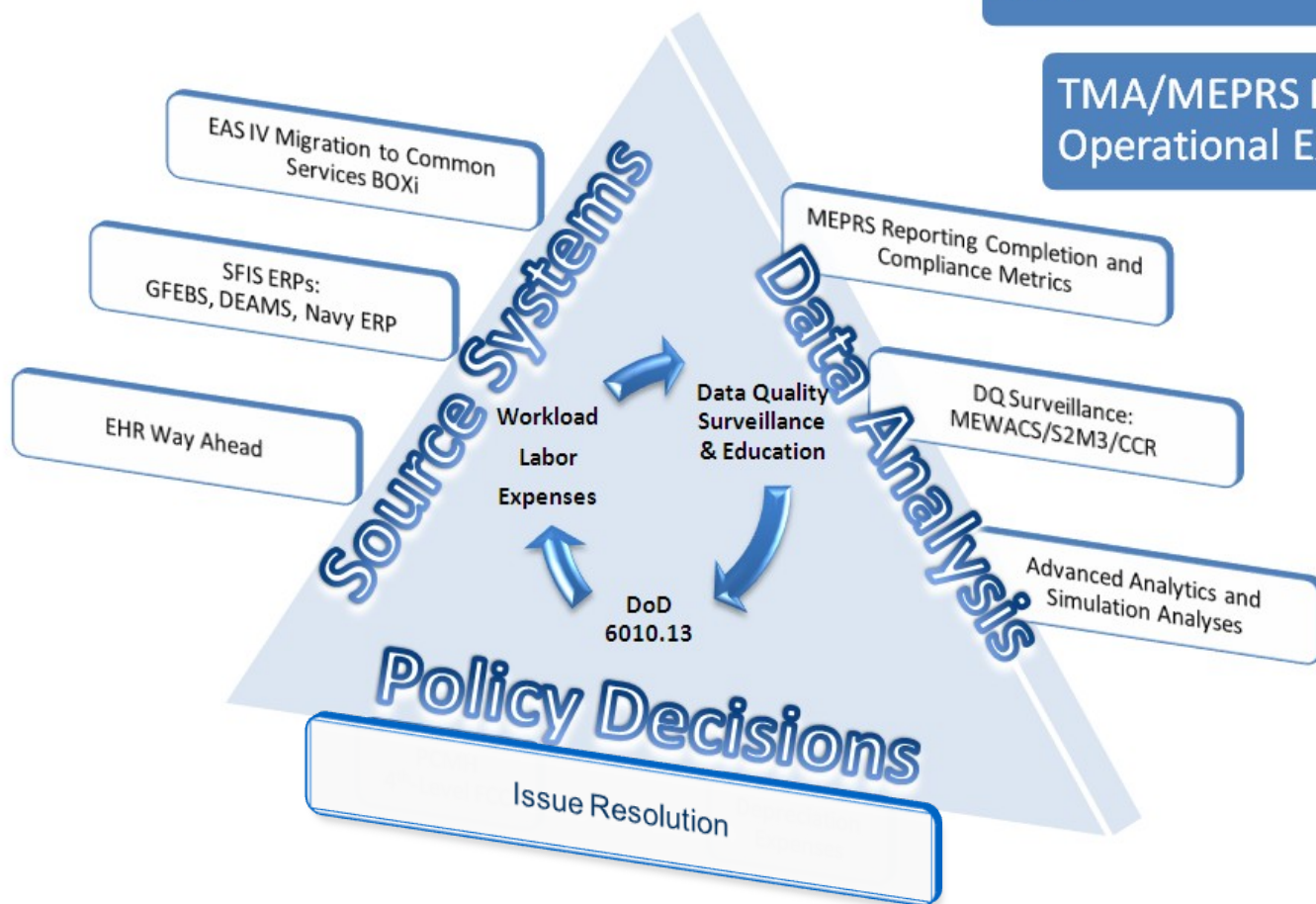
## FY2011 MEPRS Strategic Plan

- **Goal 1:** Enhance data quality by systematically eliminating data compilation errors to include mathematical errors, large variances, and significant year-end adjustments.
- **Goal 2:** Sustain and enhance Tri-Service data uniformity, integrity, consistency and compliance with DoD MEPRS policy.
- **Goal 3:** Transform MEPRS to produce managerially relevant data to support the MHS Strategic Goals and Senior MHS Stakeholders' operational objectives.
- **Goal 4:** Support financial reporting and product cost management through linked databases.





# MHS-MEPRS Execution Model



MHS Quadruple Aim



TMA/MEPRS Strategic Plan



TMA/MEPRS Program Operational Execution







# DoD 6010.13-M Policy Update

- DoD 6010.13M (dated April 7, 2008)
  - Provides Tri-Service MEPRS program policy and guidance to all MEPRS reporting MTFs / DTFs
  - Download from/access online: [www.meprs.info](http://www.meprs.info)

<b>Chapter 1:</b>	General Information
<b>Chapter 2:</b>	Chart of Functional Cost Codes
<b>Chapter 3:</b>	Guidelines And Reporting Requirements
<b>Chapter 4:</b>	Issue Resolution Process
<b>Appendices</b>	Acronyms, Definitions, Guidelines for reporting FTEs



# MMIG Approved Changes as of 30 September 2010

## Functional Cost Code (FCC) Changes

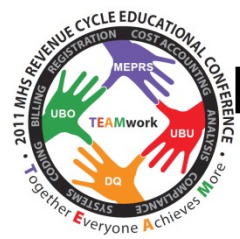
- Obstetrics/Gynecology consolidation FCC BCB\*
- Inactivate Inpatient Family Medicine FCCs AGB-AGG
- Update Military Patient Personnel Administration FCC FED\* to incorporate Disability Evaluation System (DES) functions

## Depreciation FCC EA\*\* Changes

- Correct depreciation threshold from investment equipment to the capitalization threshold \$100K
- Update depreciation distribution percentages
- New definitions and references from DoD FMR

## Skill Types Table

- Nurse Case Manager (3E)
- Occupational Health Nurse (2H) and Community Health Nurse (2C)--Credentialed
- Occupational Health Nurse (3H) and Community Health Nurse (3C)—Non-Credentialed



# DoD 6010.13M Policy Update Next Steps

**We Are Here**

**"This organization doesn't turn on a dime...and for good reason"**

**Ms Jean Storck,  
Former TMA/RM**

**45+ days**

Internal  
HA/TMA  
Coordination

- MMIG
- HA /TMA Directorates

**30+ days**

DoD OGC  
and WHS  
pre-  
coordination

- Legal Review
- Compliance Review

**90+ days**

Formal SD  
106  
Coordination

- Mandatory
- Primary
- Collateral





# EASIV System Change Requests

## Release 5.3 FY12

### **Application:**

Ensure Full Allocation of Expense

Add Table Maintenance Edit Check

Eliminate Pre-validation Exception

EAS Application Data Purging

Fix Improper Deactivation Date

**Enhance  
Data Quality**

### **Repository:**

Enhance Business Objects  
Universes

Add New Personnel Pure Data  
Class

Update ASD Records in the  
Repository

Standardize Repository Objects

EAS Repository Data  
Archiving/Parsing

**Enhance Data  
Analysis**

**EAS**



# DMHR*Si* LCA Module Updates

- DMHR*Si* reports current and future human resource needs for MHS
  - Identifies staff
  - Where they work
  - Filled and vacant positions
  - Training records
  - All hours charged to each work center—Labor Cost Assignment Module (LCA)
- Product features
  - Integrates human resource data from Service source systems
  - Reports personnel readiness data
  - Tracks personnel education, training, and labor costs
- Benefits to the MHS
  - Allows ready access to essential manpower data
  - Simplifies and centralizes medical personnel asset visibility
  - Supports military healthcare human resource management





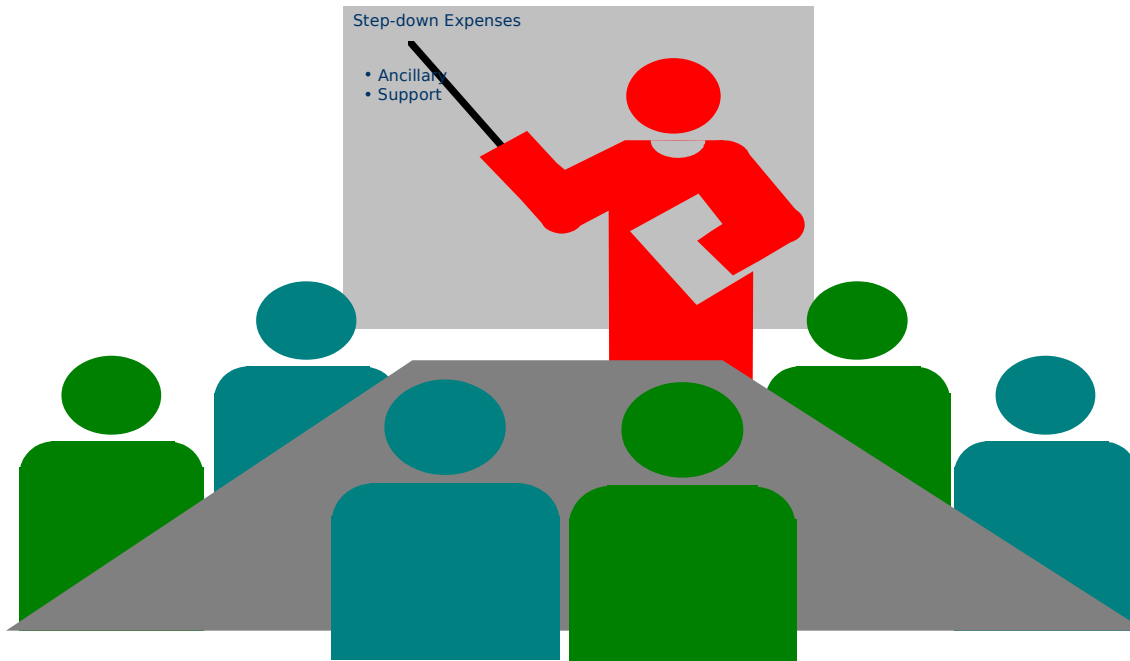
# DMHRSi LCA Module Updates

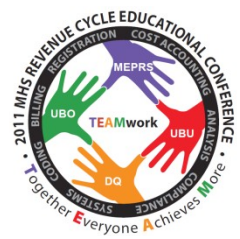
- The MMIG's role DMHRSi:
  - Functional Proponent for Labor Cost Assignment Module Business Rules
  - Requirements Identification
  - Joint Application Design Working Group
  - Issue Identification and Resolution
- Current Issues:
  - Timecard Reconciliation
    - Personnel reaching Salary Caps
    - Physicians and Dentists ineligible for overtime
- Status:
  - Solution to salary cap issue is in preliminary design review DMHRSi PO
  - Still working solutions for Physicians and Dentists



# Data Quality Surveillance, Analysis and Education

## MEPRS Data Quality Surveillance, Analysis and Education Highlights





# Objective

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Provide information about new policies, procedures, system updates, and portal tools available now and coming soon.





# Overview

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- EAS IV Repository
- MEPRS.INFO
- Summary



# EAS IV Repository Updates

- Upgrade to BOXI R3 and migrate system to the common services environment
- Standardize object labels/terminology
- Creation of Total Expense object (Class 6, 21)
- Creation of a Total Available FTE object (Class 7, 21)
- Deletion of Nursing Acuity object (Class 21)
- Hiding of Fixed Cost Percent object (Class 5)
- Formatting of Occupation Code table to match
- Institution of an archival process
- Creation of Personnel Pure Class





# EAS IV Functional Data Dictionary

## Class 07 [Personnel Detail]



Object Field Name	Description	Source	Type	Data Type	Max Length	Values	Caveats	Notes
Available FTE	Labor contributed to a work center based on personnel reporting time to that work center to include attached, borrowed, contracted, and volunteer staff. One FTE equals 168 hours or one month.	Personnel Interface	Measure	decimal	8,2		If a query is run with FTEs for a fiscal year (i.e., not including Fiscal month in the query), the system will add the FTEs reported for each fiscal month, which is an overstated result; therefore, the result needs to be divided by the number of months with data.	FCC level Available FTEs and FTE Salary Expense data are NOT purified. They remain in cost pools. To view Total Available FTEs, add Available FTEs and Purified Available FTEs.
Nonavailable Leave FTE	Nonavailable Leave Full-Time Equivalent (FTE) is the amount of actual hours expended in support of official leave unrelated to the healthcare mission divided by 168 hours. One FTE equals 168 hours.	Personnel Interface	Measure	decimal	11,4			
Nonavailable Other FTE	Nonavailable other Full-Time Equivalent (FTE) is the amount of actual hours expended in support of other activities unrelated to the healthcare mission divided by 168 hours. One FTE equals 168 hours.	Personnel Interface	Measure	decimal	11,4			
Nonavailable Sick FTE	Nonavailable Sick Full-Time Equivalent (FTE) is the amount of actual hours expended in support of sick time or hospitalization unrelated to the healthcare mission divided by 168 hours. One FTE equals 168 hours.	Personnel Interface	Measure	decimal	8,2			
Available Salary Expense	Available Salary Expense for personnel. Salary Expense incurred as a result of providing service directly to the work center.	Personnel Interface	Measure	money	14,2			
Nonavailable Salary Expense	Nonavailable Salary Expense is the Salary Expense incurred for hours expended in support of official	Personnel Interface	Measure	money	14,2			



# MEPRS.INFO

[LOGIN](#)

**MEPRS Home**  
 >> MyMEPRS  
 >> Learning Resources  
 >> MEWACS  
 >> MEPRS Management Improvement Group (MMIG)  
 >> Request EAS IV Repository Access  
 >> Functional User Guides  
 >> Quick Links  
 >> 2011 Revenue Cycle Conference  
 >> 2010 MEPRS Conference  
 >> 2008 MEPRS Conference  
 >> 2007 MEPRS Conference  
 >> 2005 MEPRS Conference  
 Consolidated Cost Report (CCR)  
 EAS IV Functional Data Dictionary  
 Six Sigma MEPRS ManagementMetrics(S2M3)  
 MEPRS Newsletter  
 MEPRS Minute  
 MEPRS Manual (DoD 6010.13-M) (PDF)  
 EAS IV Program Office Updates  
 MEPRS Questions? Contact Us  
 Frequently Asked Questions (FAQs)  
 Sitemap

## Welcome to the MEPRS Information Portal

The MEPRS Information Portal is your gateway to MEPRS-related resources, including policy documents, learning materials, data quality surveillance tools, and much more.

The Medical Expense & Performance Reporting System (MEPRS) is the standard cost accounting system for the Military Health System (MHS), containing Tri-Service financial, personnel, and workload data from reporting medical and dental treatment facilities worldwide.

MEPRS assumes an essential role in MHS decision-making and performance evaluation by offering:

- Uniform performance indicators
- Expense data classified by work center
- Human resource utilization data classified by work center
- A standard methodology for cost assignment

### 5M2U

5M2U goes live! Login to MyMEPRS to get started.

### MyMEPRS

Connect with other MEPRS users through MyMEPRS, a portal community feature. **Learn more** and **register here**.

### Active Forum Topics

- > **Intro of myself...**
- > **Introduce Yourself...**
- > **Data Dictionary...**

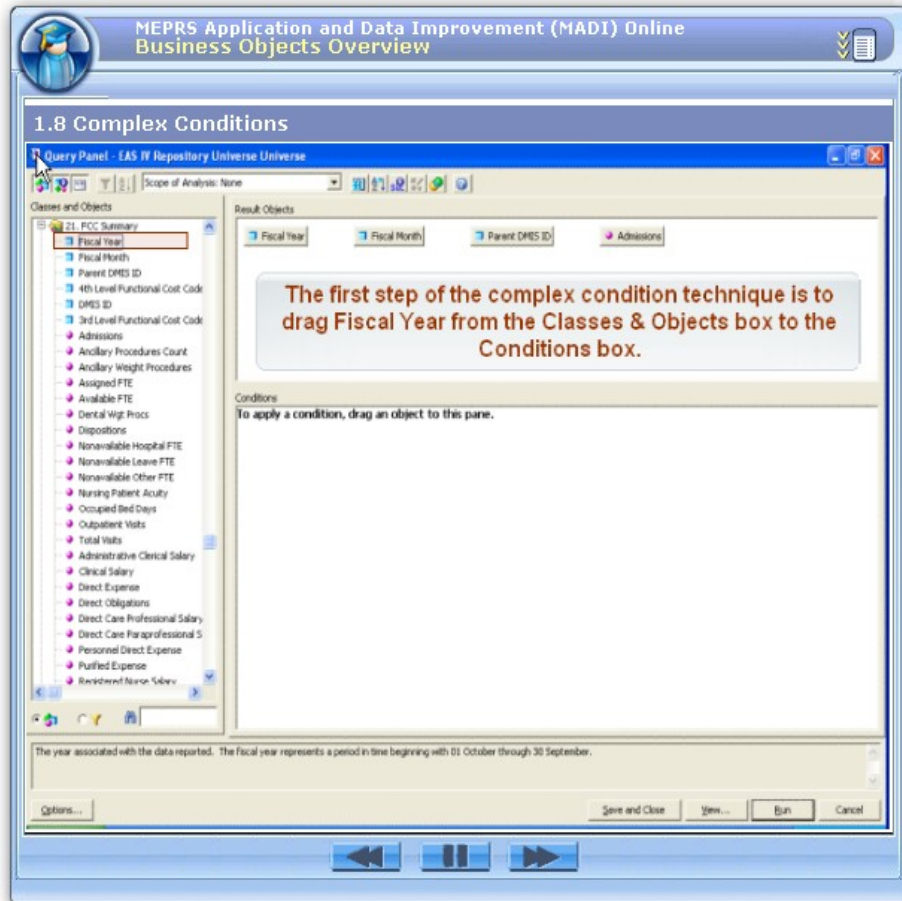
### TRICARE MANAGEMENT ACTIVITY:

Management Control and Financial Studies  
 Skyline 5-Suite 407  
 5111 Leesburg Pike  
 Falls Church, VA 22041

<http://www.meprs.info>



# Five-Minute MEPRS University (5M2U)



- A Web-based distance learning vehicle that offers animated tutorials that illustrate MEPRS concepts and processes.

- Each tutorial contains targeted learning content and is approximately five minutes long.

- Consists of the five core modules that make up the MEPRS Application and Data Improvement (MADI) course as well as modules to guide the repository user through common data extraction scenarios.

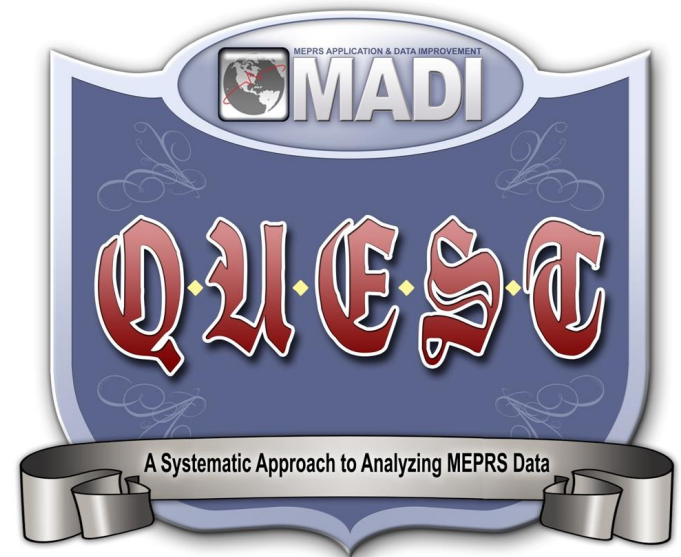




# QUEST - Advanced MEPRS Course

A hands-on, instructor-based, interactive learning experience designed to provide participants the tools to perform meaningful analyses, to provide support for decision making, and to assess efficiency and productivity.

Attendees will learn a step-by-step approach to data analysis targeting data available in the EAS IV repository.





# MEPRS Early Warning and Control System

## MEWACS

MEPRS Early Warning and Control System

Data extracted February 16, 2011

METRIC

Data Load Status

Parameters

Description

Fiscal Year:

2011  
2010  
2009

Service:

Army  
Navy  
Air Force

View Load Dates:

Most Recent Transmission Dates

Show:

All MTFs

Region/MAJCOM:

Select All  
AIR COMBAT COMMAND  
AIR EDUCATION & TRAINING COMMAND  
AIR FORCE DISTRICT WASHINGTON

Parent DMIS ID:

Select All  
0001 - FOX AHC - REDSTONE ARSENAL  
0003 - LYSTER AHC-FT. RUCKER  
0004 - 42ND MEDICAL GROUP - MAXWELL

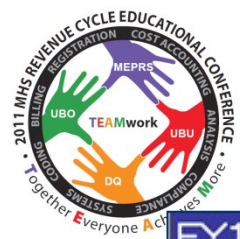
☐ Export to Excel

SUBMIT

Data Load Status

Percent of 2011 MEPRS Data Reported(Completion):	85.2%
Current Fiscal Month Compliance with 45-day Reporting Requirement(Compliance):	79.6%
YTD Compliance with 45-day Reporting Requirement:	70.8%
Percent of MTFs with 3 or more late MEPRS data submissions:	17.1%

ID	Name	Service	01	02	03
0001	FOX AHC - REDSTONE ARSENAL	A	02/01/2011	02/01/2011	02/02/2011
0003	LYSTER AHC-FT. RUCKER	A	01/13/2011	01/19/2011	02/03/2011
0004	42ND MEDICAL GROUP - MAXWELL	F	01/19/2011	02/03/2011	02/10/2011
0005	BASSETT ACH-FT. WAINWRIGHT	A	12/13/2010	01/03/2011	02/01/2011
0006	3rd MED GRP-ELMENDORF	F			
0008	R W BLISS AHC - FT. HUACHUCA	A	02/08/2011	02/08/2011	02/11/2011
0009	56th MED GRP-LUKE	F	01/31/2011	01/19/2011	02/11/2011
0010	355th MED GRP-DAVIS MONTHAN	F	02/07/2011	02/07/2011	02/09/2011
0013	19th MEDICAL GROUP-LITTLE ROCK	F	12/20/2010	01/27/2011	
0014	60th MED GRP-TRAVIS	F	02/07/2011	02/08/2011	02/14/2011
0015	9th MED GRP-BEALE	F			
0018	30th MED GRP-VANDENBERG	F	12/14/2010	01/13/2011	02/14/2011
0019	95th MED GRP-EDWARDS	F			
0024	NH CAMP PENDLETON	N	12/10/2010	01/24/2011	02/09/2011
0028	NH LEMOORE	N	01/11/2011	01/28/2011	02/08/2011
0029	NMC SAN DIEGO	N			
0030	NH TWENTYNINE PALMS	N	12/15/2010	01/14/2011	02/15/2011
0032	EVANS ACH-FT. CARSON	A	12/15/2010	01/14/2011	02/13/2011



# Consolidated Cost Report (CCR)

## FY11 MEPRS Consolidated Cosbort: JTF CapMed

[Go to FY11 Data](#)
[Front Page](#)
[Go to FY10 Baseline](#)

Select Parent Facility Below

0037 - WALTER REED AMC-WASHINGTON DC

Month Below

▼

Select 1st-Level FCC Code

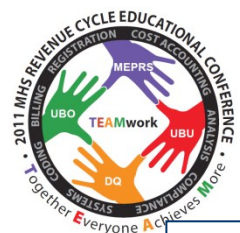
MEPRS B - Outpatient

▼

Key: +/- 3 Std. Deviations from FY10 baseline month

4th Level Functional Cost Code	4th Level Functional Cost Code Description	Purified Direct Labor Expense	Purified Direct Non-Labor Expense	Total Indirect Expenses (E & D)	EA	EBH	OTHER EB	ED	
					DEPRECIATION	THIRD PARTY COLLECTIONS ADMINISTRATION	COMMAND, MANAGEMENT, AND ADMINISTRATION	SUPPORT SERVICES	
					OBO / TOTV	CLAIMS BILLED	AVAILABLE FTE	SQUARE FOOTAGE	
BAAA	INTERNAL MEDICINE CLINIC	\$552,308	\$177,717	\$1,745,788	\$34,587	\$24,704	\$125,298	\$84,238	
BABA	ALLERGY CLINIC	\$154,924	\$127,458	\$265,209	\$9,661	\$1,994	\$71,206	\$22,601	
BABQ	ALLERGY VISITS(PENTAGON)	\$14,699	\$2,594	\$46,034	\$1,014	\$0	\$4,846	\$0	
BAC5	APV CARDIOLOGY CLINIC	\$10,649	\$0	\$1,045,739	\$146	\$159	\$1,856	\$0	
BACA	CARDIOLOGY CL	\$246,169	\$6,727	\$309,018	\$11,353	\$4,465	\$70,027	\$37,018	
BACQ	CARDIOLOGY CL PENTAGON	\$20,380	\$403	\$11,945	\$452	\$0	\$5,342	\$0	
BAFA	ENDOCRINOLOGY (METABOLISM) CLINIC	\$171,350	\$34,075	\$272,668	\$8,235	\$3,910	\$49,843	\$20,172	
BAG5	APV GASTROENTEROLOGY CLINIC	\$15,294	\$0	\$372,357	\$1,562	\$1,031	\$8,753	\$0	
BAGA	GASTROENTEROLOGY CL	\$342,478	\$77,816	\$370,336	\$6,422	\$2,300	\$93,996	\$34,136	
BAJ5	APV NEPHROLOGY CLINIC	\$705	\$0	\$316	\$5	\$0	\$241	\$0	
BAJA	NEPHROLOGY CLINIC	\$170,454	\$20,073	\$632,228	\$5,699	\$5,247	\$32,120	\$21,634	
BAKA	NEUROLOGY CLINIC, ADULT	\$230,598	\$4,257	\$257,930	\$6,031	\$601	\$84,303	\$50,302	
BAKB	NEUROLOGY CLINIC, CHILD	\$47,582	\$51	\$60,752	\$1,526	\$113	\$12,323	\$11,050	
BALA	NUTRITION CLINIC (INCLUDES OUTPNT/INPN)	\$36,028	\$489	\$28,665	\$3,490	\$34	\$10,513	\$8,349	
BAMA	ONCOLOGY CL	\$324,290	\$19,788	\$540,996	\$6,116	\$3,887	\$83,361	\$32,131	
BAN5	APV PULMONARY DISEASE CLINIC	\$4,811	\$0	\$2,952	\$30	\$0	\$2,364	\$0	
BANA	PULMONARY DISEASE CL	\$195,099	\$190	\$326,505	\$5,724	\$737	\$59,538	\$21,423	
BAOA	RHEUMATOLOGY CL	\$116,826	\$555	\$211,631	\$3,344	\$1,451	\$26,935	\$10,244	
BAPA	DERMATOLOGY CL	\$158,527	\$16,267	\$141,146	\$5,132	\$1,009	\$42,055	\$11,878	
BAPO	DERMATOLOGY CL PENTAGON	\$325	\$0	\$793	\$30	\$0	\$266	\$0	





# Six Sigma MEPRS Management Metrics (S2M3)

## Six Sigma MEPRS Management Metrics (S2M3)



FY09/FY10 Update

All data obtained from the EAS IV Repository and M2 on October 1, 2010



Click on a peer group below to view a specific metric:

Rx Dispensing Costs	Available FTE's per Daily Occupied Bed	Ratio of Support Personnel to Provider FTEs	Rx Workload per Rx FTE	Lab Workload per Lab FTE	Rad Workload per Rad FTE	Inpatient Costs per RWP	Ambulatory Costs per APG
Medical Center	Medical Center	Medical Center	Medical Center	Medical Center	Medical Center	Medical Center	Medical Center
Large Hospital	Large Hospital	Large Hospital	Large Hospital	Large Hospital	Large Hospital	Large Hospital	Large Hospital
Small Hospital	Small Hospital	Small Hospital	Small Hospital	Small Hospital	Small Hospital	Small Hospital	Small Hospital
Large Clinics	Large Hosp OCON	Large Clinics	Large Clinics	Large Clinics	Large Hosp OCON	Large Hosp OCON	Large Clinics
Small Clinics	Small Hosp OCON	Small Clinics	Small Clinics	Small Clinics	Small Hosp OCON	Small Hosp OCON	Small Clinics
Large Hosp OCON		Large Hosp OCON	Large Hosp OCON	Large Hosp OCON	Large Hosp OCON	Large Hosp OCON	Large Hosp OCON
Small Hosp OCON		Small Hosp OCON	Small Hosp OCON	Small Hosp OCON	Small Hosp OCON	Small Hosp OCON	Small Hosp OCON
Clinics OCONU		Clinics OCONU	Clinics OCONU	Clinics OCONU	Clinics OCONU	Clinics OCONU	Clinics OCONU

### Executive Summary:

[Medical Centers](#)  
[Large Hospitals](#)  
[Large Hospitals OCONUS](#)  
[Small Hospitals](#)  
[Small Hospitals OCONUS](#)  
[Large Clinics](#)  
[Small Clinics](#)  
[Clinics OCONUS](#)

### Notes:

[Six Sigma Description](#)  
[Definition of Metrics](#)  
[Data Sources](#)  
[Peer Group Definitions](#)

### External MEPRS Resources:

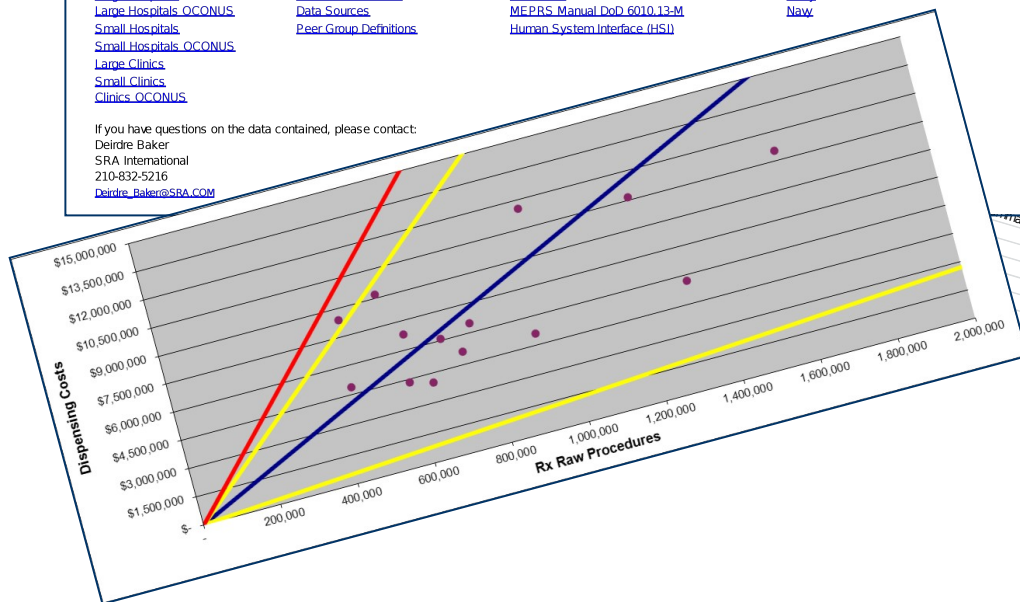
[MEPRS Web Portal](#)  
[MEWACS](#)  
[MEPRS Manual DoD 6010.13-M](#)  
[Human System Interface \(HSI\)](#)

### MTF-Peer Group Lookup:

[Air Force](#)  
[Army](#)  
[Navy](#)

If you have questions on the data contained, please contact:

Deirdre Baker  
SRA International  
210-832-5216  
[Deirdre\\_Baker@SRA.COM](mailto:Deirdre_Baker@SRA.COM)



## Management and Control Metrics FY09/FY10 S2M3 Executive Summary by Peer Group\*


Summary by Peer Group*						Metrics	
Ratio of Support Personnel to wider FTEs	Rx Workload per Rx FTE	Lab Workload per Lab FTE	Rad Workload per Rad FTE	Inpatient Costs per RWP	Ambulatory Costs per APG	Standardized Average	
0.56	0.93	0.32	0.99	1.10	1.03		
1.52	0.84	1.41	0.16	1.18	0.84		
-0.22	0.47	1.52	0.16	1.21	0.59		
0.16	0.76	-0.38	0.17	0.31	0.53		
-0.68	0.29	0.73	0.09	0.31	0.52		
2.17	1.15	2.04	0.09	1.06	0.14		
-0.60	0.07	-0.60	1.14	-0.15	0.05		
0.77	-0.41	-0.53	0.41	-0.62	0.03		
-0.27	0.54	-0.58	0.33	-0.15	-0.36		
-0.36	-0.41	0.25	0.90	-0.94	-0.37		
-1.21	-1.58	-0.01	1.10	-1.03	-0.97		
-1.35	0.24	-0.98	-1.14	-1.15	-1.09		
-0.78	-1.45	-1.19	-1.03	-1.29	-1.13		
	-1.67	-0.87					

across all metrics, thus positive Z-scores indicate more desirable values and negative z-score denotes a dispersing cost that falls below the peer group.


the 52M3 Executive Summary has been changed to prior

\*The Z-score for each metric is calculated across all metrics, thus positive Z-scores indicate more desirable values and negative Z-scores indicate less desirable values. A negative Z-score denotes a dispensing cost that falls below the peer group average. The Z-score sign reflected in the S2M3 Executive Summary has been changed to positive. The Z-score


# MEPRS.INFOrmer


**MEPRS**

MEDICAL EXPENSE & PERFORMANCE REPORTING SYSTEM  
**MEPRS.INFOrmer**



Volume 4, Issue 1  
 November 2006



## Pat's Chat

A Message from the Program Manager

With FY07 off to a running start, the TMA MEPRS Program Office is working several new initiatives in support of MEPRS data quality improvement.

We kick off the new fiscal year with a week peak of MyMEPRS, an upgrade to the MEPRS Information Portal intended to promote communication among the MEPRS field and more actively involve the portal user base. The MyMEPRS functionality offers dynamic forums and calendars that put you in the driver's seat, allowing you to share your expertise and network with peers. Learn more about MyMEPRS in our cover story, and keep your eye out for its debut in the coming months.

The MEPRS.INFOrmer turns three years old this month, and we've changed its look to help celebrate. We hope you appreciate the revamped design and color scheme, which was developed in conjunction with the modernized look of the portal.

Relative Value Units (RVUs) continue to play a significant role in business planning and resource allocation, and we offer an overview of how they are derived for the MHS. Find out which data sources to tap for different studies and which current to note when analyzing RVU data from the IAS IV Repository.

The FY07 conference is in the works, and we still want your feedback. Use the Contact Us feature on the MEPRS Information Portal to let us know which learning topics you would like included in the breakout and plenary sessions. We are shooting for a July conference date and plan to offer more functional content than in years past.

I would like to take this opportunity to thank you for all your hard work and wish you a safe and peaceful holiday season. I look forward to another great year with all of you filled with even more MEPRS successes.


Patrick Wiley  
 MEPRS Program Manager, TMA  
 Chairman, MMIG

## MyMEPRS Promotes Portal Interaction

More and shake the MEPRS Information Portal with MyMEPRS, an exciting feature that lets users connect with peers and contribute to site content. The hallmark functionality, which comes online in early FY07, is expected to improve the usability of the portal and foster interaction among the MEPRS community.

The MEPRS Information Portal debuted in 2003 as a knowledge sharing depot for the MEPRS constituency. Since its inception, it has filled a critical Military Health System (MHS) need for centralized MEPRS resources. Users from Military Treatment Facilities (MTFs) worldwide refer to the portal to monitor their MEPRS data quality, access MEPRS policy guidance, and register for training opportunities. A principal vehicle for relaying MEPRS initiatives, the site is an integral component of TMA's web architecture.

When launched, MyMEPRS will offer a registration link on the home page of the MEPRS Information Portal.



See MyMEPRS Covering Story on Page 2

### Inside This Issue

- Pg 1 MyMEPRS Promotes Portal Interaction
- Pg 3 Understanding Relative Value Units
- Pg 6 Conference Planning Continues
- Pg 6 MEPRS Manual Revision Progresses
- Pg 6 MACS Schedule Released
- Pg 7 Useful Sites and Points of Contact

The MEPRS Informer pg 1



# Human Systems Interface (HSI)

[MEPRS Home](#)  
[MyMEPRS](#)  
[Registration](#)  
[5M2U](#)  
[Members](#)  
[Events Calendar](#)  
[Learning Resources](#)  
[MEWACS](#)  
[MEPRS Management Improvement Group \(MMIG\)](#)  
[Request EAS IV Repository Access](#)  
[Functional User Guides](#)  
[Quick Links](#)  
[2011 Revenue Cycle Conference](#)  
[2010 MEPRS Conference](#)  
[2008 MEPRS Conference](#)  
[2007 MEPRS Conference](#)  
[2005 MEPRS Conference](#)  
[Consolidated Cost Report \(CCR\)](#)  
[EAS IV Functional Data Dictionary](#)  
[Six Sigma MEPRS ManagementMetrics\(S2M3\)](#)  
[MEPRS Newsletter](#)  
[MEPRS Minute](#)  
[MEPRS Manual \(DoD 6010.13-M\) \(PDF\)](#)  
[EAS IV Program Office Updates](#)

## MEPRS Questions? Contact Us

Please use this form to enter your comment or question. A member of the Human System Interface team will respond to any questions as quickly as possible. Thank you for your feedback.

**\*=Required Field**

<b>Name</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/>
<b>E-mail*</b>	<input type="text"/>
<b>Service</b>	<input type="radio"/> Army <input type="text"/> <input type="radio"/> Navy <input type="text"/> <input type="radio"/> Air Force <input type="text"/> <input type="radio"/> TMA <input type="text"/> <input checked="" type="radio"/> Other <input type="text"/>
<b>Comment*</b>	<div><div></div></div>

Internet 100%



# Summary

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- Many EAS IV repository enhancements are coming over the next year that should improve the efficiency as well as the user friendliness of the system.
- Information and tools are available on the MEPRS Web portal to include a Contact Us page.



# Summary

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- MEPRS Policy Updates
  - DoD 6010.13-M (MEPRS Manual)
- System Development / Maintenance Improvements
  - Expense Assignment System (EAS) IV System Change Request (SCR) Updates
  - Defense Medical Human Resource System Internet (DMHRSi) Labor Cost Assignment (LCA) Module Updates
- MEPRS Data Quality Surveillance, Analysis and Education
  - Surveillance
  - Analysis
  - Education



# Q&A

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## Questions?



# Acronym List

<b>M2 - MHS Mart</b>	<b>DMHRSi - Defense Medical Human Resources System Internet</b>
<b>MDR - MHS Data Repository</b>	<b>MEPRS WebPortal - Medical Expense and Performance Reporting System Web Base Portal</b>
<b>CHCS/AHLTA - Composite Health Care System/Armed Forces Health Longitudinal Technology Application</b>	<b>EAS IV Repository - Expense Assignment System IV Repository FMR-Financial Management Regulations</b>
<b>Svc Fin Sys - Service Financial System</b>	<b>DQ CC Statement - Data Quality Commanders Statement</b>
<b>EHR-WA - Electronic Health Record - Way Ahead</b>	<b>Six Sigma - MEPRS Management Metrics (S2M3) SCR-System Change Request</b>
<b>MERHCF - Medicare Eligible Retiree Health Care Fund</b>	<b>MEWACS - MEPRS Early Warning and Control System</b>
<b>PPS - Prospective Payment System</b>	<b>PCMH - Patient Centered Medical Home</b>
<b>MADI/5M2U - MEPRS Application and Data Improvement/ Five Minute MEPRS University</b>	<b>LCA-Labor Cost Assignment DCPS-Defense Civilian Personnel System</b>